

CITY OF LOMA LINDA

CODE ENFORCEMENT COMPLAINT REPORT

Complainant / Reporting Party _____ Date _____

Address _____ Phone # _____

All information must be completely filled out. Anonymous complaints will not be received. It is department policy not to disclose complainant names during the initial stages of an enforcement effort. Due to the Freedom of Information Act cases which are prosecuted in Court may lead to the divulging of the Complainants name.

Location of Complaint _____
(one address per complaint form)

Nature of Complaint _____

Signature of Reporting Party